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| CLAIMS ONLY | | | | | | | Application Number 10/658055 | | Filing Date | | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 3 | | | | | | | | | | | |
| Total Depend | 44 | | | | | | | | | | | |
| Total Claims | 47 | | | | | | | | | | | |
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| Total Indep | 5 | | | | | | | | | | | |
| Total Depend | 45 | | | | | | | | | | | |
| Total Claims | 50 | | | | | | | | | | | |

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| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 1 | | | | | |
| Total Depend | 19 | | | | | |
| Total Claims | 20 | | | | | |

* May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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